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MULTIPLE DEPENDENT CLAIM SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/648013

7/12/81 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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100					
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
81						
82						
83						
84						
85						
86						
87						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

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